

RESIDENTIAL PLACEMENT QUESTIONS

1. There is no provision for Contractor's local travel. Does this mean it is now allowed?

Contractor's local travel is being procured only for co-occurring disorder residential treatment RFP's

2. What is the difference between "Therapeutic Placement"(1001) and "Long Term Residential Treatment?" (2002) as both appear to state periods not to exceed 270 days?

Please review Section C of the Statement of Work for each of the referenced project codes as you will note that the structure of placement for each setting is different. Therapeutic Community Treatment (1001) has more of a peer based component. Whereas, Long Term Residential Treatment (2002), is conducted in a "highly structured setting," Clients progress in this setting is closely monitored and reported to the officer every 30 days.

3. Use of volunteers is to be at the discretion of the USPO/USPSO. What will be the process for providers to have volunteers approved by the USPO/USPSO?

Use of any volunteer that will work with federal defendants and offenders must be compliant with the Staff Requirement and Restrictions Section located at the back of Section C under Deliverables." Changes and additions of any staff must be reported to U.S. Probation in writing when the change occurs. Volunteers must also submit documentation regarding their background (ie: resume).

4. What is the difference between a "practitioner providing counseling services" and "counselors?" Do staff need to both have a degree and substance abuse certification OR can they have degrees or substance abuse certifications?

For specific clarification we have forwarded this question to our Administrative Office. Once a response is received we will post it on our website.

5. In Section C under "Emergency Medical Services" it states "Ensure residents are responsible for their own medical expenses and that staff assists residents in identifying available community resources? Please provide further details.

The federal government will not pay for medical expenses while an individual is in treatment. Clients who are in residential treatment and in need of medical services will either need to use any insurance benefit they may have or apply for California Medical Services Plan (CMSP - medi-cal).

6. Please discuss how residential placements typically occur, and give examples of temporary housing. Are offenders placed in hotels and monitored?

Each type of residential placement is identified by project code in Section C. Please review the Statement of Work for each type of placement as it will provide specific details. Regarding probation referrals to placement; the supervising probation officer will staff a case with a specialist to determine whether residential treatment is the best option for that client, and whether all community resources have been exhausted. Once this has been staffed, the referral will be brought to the Contracts Administrator for further review and determination if the client will be immediately placed or added to a waiting list for placement. Budgetary concerns determine the number of funded placements that

Residential placement of a Pretrial defendant in a substance abuse program most often occurs at the onset of a defendant's case. Pretrial Services may learn during the prebail investigation that the individual has a severe substance abuse issue that cannot be adequately addressed in an outpatient setting. Such an individual would be placed in a residential drug treatment program for at least 90 days, sometimes longer.

- 7 What does unit per day mean?

This is the requested rate for a 24 hour period. When submitting prices for residential treatment project codes (ie: 1001, 2001, 2002, etc.), you will base your price on a daily rate or service.

- 8 There are several project codes for residential treatment listed. Do we have to provide all of them or can we choose which modalities we can provide?

In order to be considered technically acceptable the offerer must be able to provide all of the project codes requested on Section B of the RFP.

9. What is minimum number of beds considered for this funding?

The EMQ's provide an estimate of what the average amount of the requested service needed.

Pretrial Services work directly from court orders for defendants needing treatment services at the pre-conviction stage.

Currently the Northern District of California Probation Office has limited the number of clients in federally funded residential treatment to six (6) at one time district wide, with an ongoing waiting list. The number of funded beds depends on budgetary constraints and can either be increased or reduced accordingly.

10. How many beds male/female do they need in San Mateo County?

Each RFP for each catchment area reflects the amount of estimated services requested in Section B. This is only an estimate and the government is not bound by this number. In San Mateo County the EMQ for each of the requested placements is "60" - this would mean that we estimate that approximately 2 clients per month would be needing this service. However, this is just an estimate. There is no requirement that clients be segregated by gender. However, there are occasions when gender specific programs are needed and are considered for procurement similarly to a co-ed program.

11. Can the vendor receive General Assistance, Food Stamps, Social Security and/or Disability (entitlements) to subsidize the cost of treatment.

Such entitlements can (and are encouraged) be used to subsidize treatment as long as the recipient continues to meet the legal requirements to receive such services, AND that the amount subsidized is deducted from the governments daily rate. For example, if a client receives and contributes his/her Supplemental Social Security Insurance in the amount of \$500, this amount would be deducted from our invoice at the end of the month. The vendor in turn would receive a 5% administrative fee for the collection of this sum as it is considered a "co-payment" (1501).

12. Is only one response/grant required if we want to apply for general residential and co-occurring disorders?

Substance abuse and mental health services are funded through different allotments. Thus, one RFP is required for substance abuse residential and one for residential treatment with co-occurring disorders.

13. How are the co-occurring disorders residential treatment RFP staffing requirements differ from general residential treatment?

Please review Section C under "Additional Resources for Mental Health-Specific Residential Placements 6001, and 6002"

The services included in this section must be conducted by individuals meeting the state licensing requirements as indicated (ie: psychiatric services to be provided by licensed psychiatrist or medical doctor, etc.)

14. If a contractor proposes services for 2001 and 2002, will one narrative statement be required for each service?

No. Each project code requires a narrative statement describing how the vendor will provide the service.

15. Under **Staff Qualifications** in Section C for residential placement what does “adequately trained and physically able” paid staff, mean?

Although we have referred this question to our Administrative Office (AO), we believe that this term requires that paid staff have emergency first aid and first responder training, and are able to physically provide this if needed. Additional clarification is forthcoming.

16. Under **Staff Qualifications** in Section C for residential placement it states that the vendor “must” use practitioners providing counseling services that have at least one of the stated qualifications. Please clarify whether “use of practitioners” means that all staff providing counseling services must meet the qualifications, or simply that the staffing pattern must include staff who meet the qualifications.

This question has also been referred to our AO for further clarification and a response will be forthcoming.

17. Under the Deliverables section of Section C, subheading **c. File Content**, (1)(d), it appears that the second line is incomplete, is this a typo?

Yes, this is a typo. The correct sentence is; “Accurately reflect the defendant’s/offender’s treatment progress, sessions attended, and changes in treatment.

Similarly also in Section C under Deliverables, Urinalysis Log (b), there is a duplication of item (3) “medications taken,” and an omission of “Specimen (bar code) number.” Please include Specimen (bar code #), on the UA log.

18. Must the bidder use the RFP’s formatted pages for Sections A-D in the proposal submission, or may the bidder simply submit their own formatted pages?

This question has been referred to our AO for confirmation, however, it is our opinion that as long as the required information is contained on the re-formatted version, and can be reviewed in the same manner as the original copy, that offerers may re-format their response.

19. Is there a minimum or maximum number of pages for any of the proposal Attachment sections?

No. However, to ensure that the RFP is complete please carefully review Section L for full requirement details.

QUESTIONS/RESPONSES FROM BIDDER'S CONFERENCE 8-14-09

1. Can an agency refuse a federal client?

An agency can turn someone away who is a danger to others or themselves, however, local law enforcement should be summoned. In other instances, in which there is a conflict, the matter must be staffed with the referring USPO/USPSO prior to refusal of services.

2. Can one response be given to address two different project codes?

Each project code requested should be identified and described separately. For information that is consistent with more than one project code an introductory summary could be added to cover the similarities of both services. For example, there may be some similar features to both 2001 (short term residential treatment), and 2002(long term residential treatment), that could be explained in a single statement. However there will also be differences, and these must be separately identified by project code.

3. Can short term and long term residential treatment occur in the same facility?

Yes. However, the programming and schedules should be different. For example clients in short term treatment should be constantly preparing for transition, whereas clients in long term treatment may be working on a treatment plan, orientation, etc. prior to any transition work.

4. Is there a specific RFP for a gender based residential program, such as women with children?

No. However, we will be accepting RFP's from gender based and co-educational treatment programs as we have found a need for both.

5. Can a vendor collect SSI, or other public benefits from federal clients to be used towards the cost of their treatment?

Yes. The ND/CA encourages vendors to utilize those benefits that clients qualify for towards the cost of their placement. However, should there be any type of co-payment (either through government benefit, insurance, or self-pay), the amount collected shall be deducted from the client's monthly invoice to U.S. Probation/Pretrial Services. In exchange for this service, the vendor will receive an administrative fee of 5% of the total cost collected.

6. Are drug testing supplies and collection fees covered separately for residential treatment by U.S. Probation/Pretrial Services?

No. The cost of drug testing supplies and collection should be included in the daily rate listed in Section B.

7. Should a vendor accept a sex offender into residential treatment, will they be required to provide sex offense specific treatment?

No. Should a sex offender be placed in residential treatment, sex offense specific services will be procured by U.S. Probation/Pretrial Services separately.

8. While a client is waiting for bed space in a residential program, could the vendor provide (under the residential treatment RFP) a treatment readiness group in preparation for the placement?

No. Should treatment readiness services be required for a federal client while awaiting to be placed in residential treatment, the outpatient treatment program for that particular catchment area would be the provider.

9. Will a different rate for a woman with an infant be accepted in addition to a rate for a woman (adult) for residential care?

No. When a program that is gender specific submits a price for the requested services in Section B, only one price per project code is authorized.

10. May we utilize pictures in the section that requests information about a description of the facility. A picture is worth a thousand words.

Yes. Pictures may be used to describe the facility, however, they cannot be a substitute for responding to the requirements for a residential treatment facility as outlined in Section C.

11. Both 1001 and 2002 are similar in length but different in structure. If an agency meets the spirit of the 1001 description but is functioning at the level of 2002, can a response for just 2002 be submitted or will it disqualify the vendor for not providing both services separately?

In view of the fact that project code 2002 is a new addition, and the ND/CA has had significant feedback from providers that they consider themselves to be a "therapeutic community" with the level of structure provided in "long term residential treatment" a response to one or the other project codes will be allowed.